		Υ			

PLEASE TYPE O	R PRINT	Entered previo	ous May Show						
		X yes	□ no						
Ms.	T								
☐ Mr. Artist	DOROTHY W.								
Permanent			(Last Name Last)						
Address 13800	Shaker B	lvd. Cleve	eland, O.						
Stre	et		City						
44120	Tel. (216)	921-2502							
Zip	Area Code								
Temporary or Studio Address_									
St	reet		City						
	Tel. ()								
Zip	Area Code								
If you do not presently live in one of the counties of the									
Western Reserve, which county were you born in?									
Wostern Meserve,	willon county	were you born i							
Collaborator									
	(If Any)								
If May Show entries are not accepted or not sold:									
Artist will pick up at Museum.									
Museum should dispose of.									
Museum should ship to artist C.O.D. at this address:									
iviuseum should ship to artist G.O.D. at this address:									
Special Instruction	ne								
•			1						
When necessary include below instructions or a drawing of									

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

DO NOT DETACH

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Darachy IV. Icave

THIS SECTION

REJECTED

DATE

REJECTED